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only live—but it is not to be. The trust destroyed is not twice asked, nor are second chances given. Daisy's mother calls her, with a gentle sigh the spirit is released, and Lily is left alone with her father, his only comforter.

Thus we leave them, as sorrowfully they wend their way home hand in hand; and who shall say that one more little child's death will not fulfil its mission?

A TYPHOID EXPERIENCE IN THE COUNTRY

By FLORENCE MAE ROBINSON, R.N.,

Graduate of the DeVore Hospital and Sanitarium, Grand Rapids, Mich.

THE call came, just a week before Christmas, to go several miles into the country to nurse a whole family of typhoid patients, seven in number. The doctor explained that they were in a very critical condition, destitute and a county charge. One trained nurse was there at the time, with a practical nurse helping her, but conditions had become so serious the doctor desired to call a trained assistant.

I knew it would be a very hard place but decided to go, as I have always made it a rule to go where I am called, to rich or poor alike. To me it seems almost selfish to select only the most desirable cases, though of course we must take care of our own health.

It was not necessary for the doctor to inform me when we had reached our destination, one look was sufficient assurance. There was but one entrance to the house, opening from the kitchen onto a porch. Here stood a washing-machine, milk cans filled with drinking water, coal buckets, pails and almost anything which could not well be accommodated within. The lines were hung with clothes to dry and air. A wood and a coal pile were also in the front yard. Yes, it was surely the place, and no mistake.

On entering, the nurse met me with a grateful handshake and we went into the two adjoining rooms where, stretched on cots and straw-tick beds, lay a father, mother and five little children. The sight was pitiful in the extreme. The father had been a dissipated man and its awful results filled me with resentment as I looked upon their poverty and helplessness. Even the old house in which they lived belonged to a relative who allowed them to live there free of charge—no one would rent it.

I don't know how it must have looked to the first nurse, for several improvements had been made by the time I arrived. They had bought beds and window lights, still it seemed about the most desolate place

I had ever been called to nurse in. I must confess I was rather glad I had not been the first one called.

The source of the disease was traced to a surface well, nobody knows how old, which they had been using. For that reason all water had to be brought from a neighboring farm.

All members of the family were emaciated from scant and improper food before the fever and therefore the doctor was very particular about nourishment. The diet at first was strictly milk, given in modified and different forms, by adding limewater, peptonizing, pasteurizing, in form of junket or by adding a little nutmeg or vanilla. Later, weak egg-nog was given and gradually increased to full strength. Food was administered at two- and three-hour periods, according to age and strength. Gruels were added later to the list. Broth was given all through the siege. Very little medicine, other than an intestinal antiseptic, was prescribed. Ice caps were used when the fever was above 100° and cold baths, if it reached 103°. Each patient received a sponge bath daily during the height of the fever. We had considerable trouble with abscesses, which the doctor attributed to the lack of proper nourishment previous to the illness.

There was no one to help us, so we had to do all the work except the washing. We carried in our own fuel and kept up the fires; carried waste to a hole dug out in the field and acted as general chore boys. We wore rubber boots, a man's overcoat, and colored aprons, part of the time. It was not so bad at first, but as the temperature became steadily colder, dropping to 20 and 30 below zero, we could hardly manage to get along. The floors were so cold our feet were never warm, and our hands were soon so chapped and cracked from the antiseptic solutions, and so cold, that they bled every time they were closed. It was well the patients didn't need much heat, the only difficulty was at bath time. Keeping up fires was a hard proposition, as both stoves were very badly dilapidated. In spite of our best efforts every drop of water or snow which struck the kitchen floor, froze there, making a sort of skating rink.

We worked constantly, except for the three or four hours apiece when we relieved each other at night, and crept upstairs to our own straw-tick and slats. We didn't mind the bed, for we were generally asleep by the time it was reached and I think some nights I could have slept on the soft side of a board.

The first two weeks we walked half a mile to our meals, after that a mile, as the first place was very unsatisfactory. The doctor would not allow us to eat at the house where the sick were. The walk was really the least of our hardships, as it gave us a chance to get out in the fresh air and away from our work for a little while. Of course we didn't

pretend to go to all meals and caught rides whenever we could. Frequently the people came after us, when it was very stormy or bad under foot.

In spite of bad conditions, with one exception, the patients gradually improved, making the experience very interesting at least. They all did very nicely except one little boy, who died on Christmas morning, making it a sad day for all concerned. This little fellow had never been well during his brief six years of life, having been subject to diabetes from his infancy. He was very much undersized, and was the thinnest child I ever saw, when he died. When the fever subsided he didn't have sufficient vitality to recuperate. Kidney, bowel and heart complications set in and soon overcame all power of resistance in the frail little body.

The trained nurse stayed with me less than two weeks, after which I was obliged to depend on practical nurses for the rest of the time. But the worst was over, and by the end of two more weeks all were able to sit up, and I left them in care of the experienced nurse. Later I learned that the family had been broken up for the time being and divided among the relatives.

POST-OPERATIVE GASTRIC DILATATION

By MARY M. A. WEISS, R.N.,

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PERHAPS some of the late graduates have not learned and will find it useful to know that post-operative distension in the upper abdomen is not always due to flatus as is often supposed, but is occasionally caused by an accumulation of fluid in the stomach which is not forced through the pylorus or may even regurgitate from the duodenum because the muscular tone of the stomach (which is lost in the general paresis produced by ether) has not been regained.

A patient who taught this lesson was a nervous and emaciated little unmarried woman who had been teaching for seventeen years. The expression of her eyes made one feel her mind was not quite well poised, but as she was never seen by the nurses until the day preceding operation, this symptom and the restlessness may, of course, have been due entirely to the extreme nervous tension under which she seemed to be laboring and which (a very poor preparation for operation), produced a sleepless night.

The operations performed were, a hysterectomy, appendectomy, hemorrhoidectomy and nephropexy, the last named being especially trying because of the weariness occasioned by the long continuance in the necessary dorsal position. A needed operation for the removal of gall-